

# Section III: AVR Verification Process (con't)

## - Methodology -

Year:  Multi-Site ID#:

Page  of  pages

Photocopy this page as needed

### A. District Approved AVR Survey Document ☐ (Attach a copy of survey form used)

(If more than one worksite used this methodology, skip this section and complete page 7, Section IV.)

1. Number of employees who report within the standard 6-10, Mon-Fri, window:

Current Number  Prior Year Number

2. Total number of all employees reporting to this site:

3. Survey Response Rate:   

# of surveys returned  
from employees reporting  
in the 6-10 am window

divided by

total # of employees  
reporting to work  
in the 6-10 am window

x100

survey  
response rate  
(min 60% req.)

4. Survey week - \_\_\_\_\_ through \_\_\_\_\_  
mo/day/year mo/day/year

NOTE: See Rule 2202 – ECRP Guidelines for more specific survey requirements

### B. Record Keeping Survey – Requires written approval prior to usage.

Site ID #	Certification #	Certification Date	Data Collection Start & End Period	Number of Working Days during Collection Period

Please specify Vendor's name if commercial software is used: \_\_\_\_\_

### C. Random Sample Survey – Requires written approval prior to usage.

Site ID #	Certification #	Certification Date	Number Sampled	Percent Sampled